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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, DC 105

FEB 13 2009

FORM D

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ОМВ	APPROVAL

OMB Number:

3235-0076

Expires February 28, 2009

Estimated average burden

hours per response: 16,00

SEC USE ONLY						
Prefix		Serial				
	DATE	RECEIVED				

Name of Offering (☐ check if this is an amendment	nt and name has changed, and indicate change.)	
Pictet: Non-US Equity LLC: Limited Liability	Company Units	
Filing Under (Check box(es) that apply): Ru	ule 504 🔲 Rule 505 🗹 Rule 506 (☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☑ Amendm	ent	
	A. BASIC IDENTIFICATION DATA	ではひしにひむにり
1. Enter the information requested about the issue	r	1/ 440 0 0000
Name of Issuer (☐ check if this is an amendment	nt and name has changed, and indicate change.)	MAR 2 2009
Pictet: Non-US Equity LLC		TUARRAN PENTER
Address of Executive Offices (Nur	mber and Street, City, State Zip Code)	Telephone Number (including Area Code)
One New York Plaza, New York, New York 10	•	(212) 902-1000
	lumber and Street, City, State and Zip Code)	Telephone N
(if different from Executive Offices)	• • • • • • • • • • • • • • • • • • • •	
Brief Description of Business		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
To operate as a private investment fund.		I LOBINY MRY E BONN BRY IN BOND HAVE BONN HAVE BONN HAVE BONN HAVE BONN HAVE
		09003970
Type of Business Organization		
corporation [limited partnership, already formed 	✓ other (please specify):
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company
	Month Year	
Actual or Estimated Date of Incorporation or Orga	inization: 0 9 0 7	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for
•	State: CN for Canada; FN for other foreign juri	
	,	, <u> </u>

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized within the past five years;	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or n of the issuer; 	more of a class of equity securities
* Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers; and
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)	
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	****
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member	General and/or Managing Partner
Full Name (Last name first, if individual)	
Barbetta, Jennifer	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
* of the Issuer's Managing Member	General and/or Managing Partner
Full Name (Last name first, if individual)	
Clark, Kent	
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Managing Member	General and/or Managing Partner
Full Name (Last name first, if individual)	wininging i minor
Gottlieb, Jason	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	1 30 60778
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

	<u> </u>			B. IN	FORMAT	ION ABO	UT OFFI	ERING		·	······································	
1. Has the	e issuer solo	l, or does th			to non-accre						Yes	No Ø
2. What i	s the minim	um investm	ent that wil	l be accepte	ed from any	individual?					\$	*
*The Issu	er's Manag				pt subscrip			ever amoun	t it determ	ines is	Yes	No No
3. Does to	e. he offering	permit joint	ownership	of a single	unit?						Ø	
commi If a per or state a broke	ssion or sin rson to be li es, list the n er or dealer,	nilar remundated is an action and a second is an action and a second is a second in a seco	eration for s ssociated pe broker or de et forth the i	solicitation erson or age ealer. If me	the has been of purchase that of a broker than five for that bro	rs in connecter or dealer (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Name	(Last name	first, if ind	ividual)									
Goldman,	Sachs & C	o.*										
	the securi		sold throu	gh Goldma	n, Sachs &	Co., no coi	nmissions	will be paid	, directly o	r indirectl	y, for solicit	ing any
Business o	r Residence	Address (?	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	York, Ne	w York 10	004								
Name of A	ssociated B	roker or De	ealer									
					o Solicit Pu					••••••	🗹 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI] Full Name	[SC] (Last name	[SD]	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[44 1]	[44.1]	[1 K]
	(, , , , , , , , , , , , ,	,									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
					o Solicit Pu			,	***************************************		🗆 AI	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
rull Name	(Last name	tirst, it ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
					o Solicit Pu							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[lN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$.	0
	Equity	\$_	0	\$.	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$.	0
	Other (Specify): Limited Liability Company Units	\$	324,258,427	\$	324,258,427
	Total	\$_	324,258,427	\$	324,258,427
	Answer also in Appendix, Column 3, if filing under ULOE.			_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Accessor
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	339	\$_	324,258,427
	Non-accredited Investors	_	0	\$_	0
	Total (for filings under Rule 504 only)	_	N/A	\$_	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$ - \$	N/A
	Rule 504	_	N/A	\$ - \$	
	Total		N/A	\$ - \$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.		.va	Ψ_	iva
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs		0	\$	0
	Legal Fees		Ø	\$_	118,282
	Accounting Fees			\$_	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		\mathbf{Z}	\$_	118,282

C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
 b. Enter the difference between the aggregate - Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the control of the cont	ate offering price given in response to in response to Part C - Question 4.a	Part (a. Thi	C is		\$_		324,140,145
Indicate below the amount of the adjusted gr to be used for each of the purposes shown. I furnish an estimate and check the box to payments listed must equal the adjusted gross to Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	knowr of th	n, he				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$_	0
Purchase of real estate			\$_	0	_ 0	\$_	0
Purchase, rental or leasing and installation of	machinery and equipment		\$_	0		\$_	0
Construction or leasing of plant buildings and	d facilities		s _	0		\$_	0
Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)	he value of securities involved in ge for the assets or securities of		\$	0	_	\$	0
Repayment of indebtedness		_	\$ \$			\$ \$	0
Working capital			-	0		\$ _ \$ _	0
Other (Specify): Limited Liability Company			_	0	_ -	\$ _	324,140,145
Column Totals			\$ _	0	_ Ø	\$_	324,140,145
Total Payments Listed (column totals added).		*********		Ø \$	324,1	40,14	5
	D. FEDERAL SIGNATUI	RE_					
The issuer has duly caused this notice to be si following signature constitutes an undertaking be of its staff, the information furnished by the issue	by the issuer to furnish to the U.S. Se	ecuriti	ies and	d Exchange Com	mission,	, upon	
ssuer (Print or Type)	Signature	<u>-</u>	,	Date February <u>[]</u> 200			
lame of Signer (Print or Type) Caroline Kraus	Title of Signer (Print or Type) Assistant Secretary of the Issu	uer's !	——— Mana	ging Member			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

